



Personal Umbrella/Excess Personal Umbrella Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's Name: _____

Email Address of primary contact: _____

Location Address: _____ ☐ Same as mailing address

City _____ State _____ Zip: _____

☐ Primary Personal Umbrella

Underlying CPL Limit: _____

Underlying Auto Liability Limit: _____

☐ Excess Personal Umbrella

Underlying Umbrella Limit: _____

Does the applicant, or any resident of the applicant's household, currently have or ever had an occupation as a professional athlete or coach, entertainer, media personality, officer of a publicly traded company, or an elected or appointed federal or state political figure?

☐ Yes ☐ No

Is there a Farm or Ranch type risk with farm animals, farming revenues \$5,000 or more or owning more than 100 acres at any location to be covered under this policy?

☐ Yes ☐ No

NOTE: All "Yes" responses require the submission of the Farm Supplemental Application (FPCESA)

Other than primary residence, enter the number of secondary homes and /or the number of 1-4 family residential units rented to others. (2 family duplex = 2 units)

How many automobiles, motorcycles, motor homes and other vehicles licensed for road use are owned or furnished for the regular use of all drivers in the household?

How many recreational vehicles (vehicles not licensed for road use) are there in the household?

Any Watercraft? If Yes, Please complete watercraft information section

☐ Yes ☐ No

Watercraft Information

Please list all watercraft owned, leased, chartered, or furnished for regular use.

CRAFT NUMBER	YEAR	DESCRIPTION (MAKE AND MODEL)	LENGTH	TYPE 1. SAILBOAT 2. OUTBOARD 3. JET SKI / WAVE RUNNER 4. INBOARD/OUT DRIVE 5. INBOARD	MAX SPEED	TOTAL HP	WATERS NAVIGATED 1. INLAND U.S. 2. COASTAL U.S. 3. INTERNATIONAL WATERS	Policy # / Liability Limit
1								
2								

***Powerboats (other than Jet-Skis) with speed capabilities exceeding 50 MPH are ineligible.**

Driver Information - Please enter the Number of Drivers:

Under the age of 19 _____

Between the ages of 20 and 22 _____

Between the ages of 23 and 75 _____

Over the age of 75 _____

Driving Record Information - Please enter the Number of:

Moving Violations (over the past three years) _____

Major Moving Violations (over the past three years) _____

At-Fault Accidents (over the past three years) _____

Drug/Alcohol Offenses (over the past ten years) _____

***Major moving violation convictions include, but are not limited to, speeding 25 or more over the posted limit, evading the Police, leaving the scene, vehicular homicide, driving under a suspended license, and reckless driving.**

Important Notice Regarding the Fair Credit Reporting Act:

I understand that as part of the underwriting procedure, a consumer report may be obtained in connection with the application for insurance and subsequent amendments and renewals. Such reports may include information regarding my driving record. Information collected by the Company or its authorized representatives may, in certain circumstances, be disclosed to third parties without my authorization. I have the right to review my personal information in the Company files and can request correction of any inaccuracies.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: _____ Date: _____

II. ELIGIBILITY QUESTIONS

(NOTE: Attach a statement of details for all "yes" answers to the following questions)

1. Does the applicant or any member of the applicant's household currently have any active policies with United States Liability Insurance Company, Mount Vernon Fire Insurance Company, or U.S. Underwriters Insurance Company? ☐ Yes ☐ No
2. Has the applicant or any resident of the applicant's household been convicted of a felony in the past 10 years? ☐ Yes ☐ No
3. Has the applicant or any resident of the applicant's household had a liability loss greater than \$50,000 in the past 5 years or is there an open liability claim or lawsuit pending against them? ☐ Yes ☐ No
4. Are any locations considered rooming or boarding houses? ☐ Yes ☐ No
5. Are any locations considered student housing, subsidized housing, or assisted living/group home facilities? ☐ Yes ☐ No
6. Is there a pool at any location that is either unfenced or has a diving board or waterslide? ☐ Yes ☐ No
7. Is there any Business exposure or operation covered by the Primary Homeowners or CPL policy? ☐ Yes ☐ No
8. Are any locations leased to others for hunting, fishing, or other sporting or recreational purposes? ☐ Yes ☐ No
9. Does the applicant or any resident of the applicant's household own any dogs or exotic pets? ☐ Yes ☐ No
10. Is there a Dog or Animal Exclusion on any primary Homeowners or Comprehensive Personal Liability policy? ☐ Yes ☐ No
11. Is any underlying coverage, other than Automobile, written on a Commercial Policy Form? ☐ Yes ☐ No
12. Is the underlying Auto Coverage being provided entirely by a Business Auto or Garage Policy? ☐ Yes ☐ No
13. Does any household operator have any restriction on his/her driver's license other than glasses or corrective lenses? ☐ Yes ☐ No
14. Do any primary policies contain any sub-limits, have reduced limits of liability, or exclude coverage for specific individuals or exposures? ☐ Yes ☐ No
15. Is there currently, or during the next 12 months will there be, any construction or renovation at any residential 1-4 family residence or condominium owned by or rented to the applicant? ☐ Yes ☐ No
16. Is the underlying liability for all locations provided on Personal Lines forms? ☐ Yes ☐ No

Residential Properties/Rental units and Apartments/Farms/Vacant Land

LOCATION	OCCUPANCY	LIABILITY LIMIT
	Primary residence address # Units _____	
	<input type="checkbox"/> Owner occupied <input type="checkbox"/> Tenant Occupied # Units _____ <input type="checkbox"/> Farm # Acres _____ <input type="checkbox"/> Vacant Land # Acres _____	
	<input type="checkbox"/> Owner occupied <input type="checkbox"/> Tenant Occupied # Units _____ <input type="checkbox"/> Farm # Acres _____ <input type="checkbox"/> Vacant Land # Acres _____	

***Dwellings with five or more units are ineligible**

Operator Information (Automobiles, Watercraft, Recreational Vehicles)

DRIVER NAME	DATE OF BIRTH	LICENSE NUMBER	LICENSE STATE	MOVING VIOLATION CONVICTIONS (LAST 3 YEARS)	*MAJOR MOVING VIOLATION CONVICTIONS (LAST 3 YEARS)	AT FAULT ACCIDENTS (LAST 3 YEARS)	DRUG OR ALCOHOL RELATED OFFENSES (LAST 10 YEARS)

***Major moving violation convictions include, but are not limited to, speeding 25 or more over the posted limit, evading the Police, leaving the scene, vehicular homicide, driving under a suspended license, and reckless driving.**

III. ADDITIONAL APPLICANT INFORMATION

Applicant's Mailing Address: _____ (if different than Primary Residence address)
City: _____ State: _____ Zip: _____
Phone: _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: _____ License #: _____
Main Agency Phone Number: _____
Agency Mailing Address: _____
City: _____ State: _____ Zip: _____